



Division of Specialized Education

Annual Parent Involvement Survey

This is a survey for families of students with Individualized Education Programs (IEPs) who received special education services during school year 2014 - 2015. Thank you for participating. Your responses will help to improve services and results for children and families. You may skip any item that you feel does not apply to you or your child.

	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
My child's school ensures that I understand special education procedural safeguards (the rules that protect the rights of parents).	1	2	3	4	5	6	
I am treated as an equal partner by my child's teachers and other professionals in planning his/her special education program.	1	2	3	4	5	6	
My child's teachers and other professionals encourage me to participate in developing my child's Individualized Education Program (IEP).	1	2	3	4	5	6	
My ideas and suggestions are considered at my child's IEP meetings.	1	2	3	4	5	6	
My child's school offers information and training that will help me participate fully in my child's IEP meetings.	1	2	3	4	5	6	
The information I receive about my child's special education program is communicated in an understandable way.	1	2	3	4	5	6	
My child's school communicates regularly with me about my child's progress on their annual IEP goals.	1	2	3	4	5	6	
My child's school shows respect for my culture as it relates to my child's education.	1	2	3	4	5	6	
I am satisfied with the special education services my child received during this past year.	1	2	3	4	5	6	
I am satisfied with the progress my child made during this past year.	1	2	3	4	5	6	
My child's school asks for my opinion about how well my child is doing with their special education services.	1	2	3	4	5	6	

Background

1. My son or daughter attends the following school (Select one (1) only):

- ☐ District of Columbia Public Schools (DCPS)
- ☐ District of Columbia Public Charter School (PCS)
- ☐ Nonpublic School

2. The name of my son or daughter's school is as follows: _____

3. What is your child's race/ethnicity? (select those that apply):

- ☐ African American or Black ☐ Hispanic or Latino
- ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
- ☐ Caucasian or White

4. What is your child's PRIMARY disability? (circle one):

- ☐ Autism ☐ Hearing Impairment ☐ Specific Learning Disability
- ☐ Deaf-blindness ☐ Learning Disability ☐ Intellectual Disability
- ☐ Speech/Language Impairment ☐ Deafness ☐ Multiple Disabilities
- ☐ Traumatic Brain Injury ☐ Developmental Delay ☐ Orthopedic Impairment
- ☐ Emotional Disability ☐ Other Health Impairment ☐ Visual Impairment Including Blindness

5. During school year 2014 – 2015, what grade was your child in? (circle one):

Preschool K 1 2 3 4 5 6 7 8 9 10 11 12

6. During school year 2014 – 2015, what was your child's age? (circle one):

3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

7. If you are interested in receiving information regarding trainings, public hearings or meetings for parents, please provide your contact information.

Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone #: _____

This information will remain confidential.